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EDITORS.

THE ITEMIZING OF PHYSICIANS' ACCOUNTS.

The Lancet has recently been discussing the question of itemizing physicians' accounts, apropos to a discussion of the subject which had taken place in the Times newspaper. An "overwrought patient," confessing that the matter was too delicate a one for him to bring directly to the notice of his doctor, seizes the medium through which every Englishman lays bare his complaints, whether they be against the government or his cook, to call attention of the profession and the public to the fact that a patient has a right to know for what he has been pecuniarily bled. The Lancet says he has not, except in a rough sort of a way; that a physician's services are not to be measured wholly by the number of visits he has paid, the bottles of medicine he has furnished, the times he has looked at the tongue, etc.

So far as proper doctors and ideal medicine are concerned, we fully agree with our famous contemporary in the position it has taken, and can but wonder that the question has arisen in England, where we had supposed that the medical profession had established itself upon a basis of such confidence with the people that they would not presume to question its ways. That they have done so in this instance points, we imagine, to the unusual pressure of the times.

The matter in this country has a varied aspect as much as the condition of society differs in the immense territory we possess. The day has pretty much gone by every

where, we imagine, when one might see accounts made out on the long ledger-paper, wherein was recorded, in blue ink generally, the careful history of the physician's services—so much for a purge, so much for a puke, so much for a clyster, and so much for a "pype" when the attendant would, for reasons conscientious or convenient, intrust his patient with this implement of his art. Gone is the careful account; and gone, too, we are sorry to think, in many instances is its careful settlement, at long intervals though it might be, with the unquestioned "dollar of the daddies." In most of the greater cities and towns of the Union, we believe, the formula for the account runs the same—"to medical services rendered"—with no further specification than for whom the services were rendered; and it is quite exceptional, we imagine, that further particularization is required. "Roughly," the Lancet says, "the patient is entitled to know upon what principle he is charged." Hence schedules of fees are generally agreed upon by physicians in various communities for visits, distances, etc., and are known well enough to parties concerned. They are not absolute; they can not and ought not to be absolute. No previous arithmetic ever encompassed the magnificent figures which one views in the monogrammed note which he receives from the famous consultant of the metropolis. What a shock it would be to good breeding, in fact, to have a commercial thought concerning the oracle environed by such splendor! Standing upon the bare boards of some humble office one may pluck up courage to dispute his physician's account, but he would sink ankle-deep into the *moquet* of the grandee's consulting-

chamber at the thought. And with general practitioners in any tolerably well-regulated community, we imagine, while the price per visit as a general thing regulates the amount they require for their services, they would not hesitate to charge more or less for special services which could not be included under general heads, which the schedule only can set forth, and without specification. It is a bad showing, we imagine, as much for the doctor as for the people among which he lives, if he is bound down simply as a matter of business to the strictness of the schedule of his neighborhood. The Lancet puts it exactly right when it says that "roughly the patient is entitled to know the principles upon which he is charged," and an absolute schedule is not and can not be contemplated. And when a question of this sort came before a law-court in Brooklyn, the other day, the judge very sensibly so decided. Of course it ought not to be so, though "overwrought patients" may seem to think otherwise. If they thought a moment they would give up such opinion, if they are capable of forming a just opinion on any subject. The commercial value of health, of mental and bodily comfort, if it come down to this point, it must be acknowledged, is something that varies with individuals, and it would take an exquisite gauge to measure it. And if the skill of the workman is charged for differently in other pursuits, why should it not be in medicine—which is not to put too fine a point upon it—as high at least as any other. It would be rather strange if congregations could contract generally for so much a sermon, whether they were the scholarly efforts of Mr. Phillips Brookes, Mr. Beecher, Mr. Washburne, Dr. Palmer, or were simply the homely truths which Mr. Whangdoodle put forth of a Sunday. And in the law, too, while consumption of valuable time cuts some figure in a fee-bill, other and more shadowy elements are mingled; and one does not stop to ask for an item such as this, for instance, when one's relative or friend has signed a wrong piece of paper

or given a deadly blow, "to the saving of the mortification of seeing your cousin Roe in the penitentiary," so many dollars and cents.

As we have said, our remarks point only to proper doctors and ideal medicine; but is n't there a somewhat serious question that the art and its followers in this country fail to reach this standard in a few instances; and may we not blame ourselves with a little of the degradation complained of? If the people represented by "overwrought patient" exist in any great numbers, it is because there is a growing lack of confidence in the profession. At whose door, think you, that this is to be placed? Why should a community regard one of its members who having disappeared a few months returns a full-fledged physician in any higher light than his companion who is taking twice or thrice the time to acquire his trade? And why should not the estimation of the individual be at length visited upon the profession, when it is seen that this is not the exception, but the rule. The people are right enough; the trouble is simply that the chickens of the profession are coming home to roost.

THE hotels in the various southern health-resorts suffered from lack of custom this winter, the hard times preventing the usual southward flight of fashionable invalids, on whom they were wont to depend. In Jacksonville but two of the seven hotels are open. In view of the fact that the Florida native lives on fish in summer and upon strangers in the winter, it is painful to see half his source of revenue so suddenly disturbed. What, too, will become of the premature straw hats, infant alligators, and other pleasant memorials which were wont to travel northward with the returning crowds? And who will cipher out the immense fortunes to be made in orange-groves? Oh, that there *may* be balm in the silver-bill!

A NATION'S TONIC—Railroad iron.

Original.**COMA FROM COMPRESSION RELIEVED BY BLOOD-LETTING.**

BY BACON SAUNDERS, M. D.

J. H., thirty-five years of age, plethoric habit, a strong and muscular farmer, cutting timber November 2, 1877, received a simple fracture of both tibia and fibula, three inches above the ankle-joint, and of the tibia, two and a half or three inches higher up.

When assistance reached him, soon after the injury, he was perfectly conscious, and stated that his leg was mashed. He was removed to the house, a distance of a half mile, and the family physician sent for. All this time, according to the statement of friends, he showed no symptoms of shock or great excitement, talking freely and rationally in explaining how the accident happened. He said that the force of the blow knocked him down, where he was still lying when his friends came up, being unable to get his limb from under the tree.

When the doctor came he examined the fractured limb, and also the body for other injuries. Finding no other lesion, nor indeed any grave symptom, he coaptated the ends of the broken bones without chloroform, and left after applying splints to the limb and resting it on a double inclined plane. This was about five o'clock in the evening. Every thing went along smoothly until eleven o'clock, when the attendant noticed he was growing listless and drowsy, his breathing becoming deep and heavy. These alarming symptoms steadily increased until morning, when the doctor was again sent for. He arrived at ten o'clock, and the following was the patient's condition when he got there: coma perfect, with characteristic, slow, puffing respiration, and frothing at the mouth; the pulse slow, very full and strong; pupils closely contracted; rigidity of the muscles of the jaws, neck, and back; the urine was voided involuntarily.

My father, Dr. J. S. Saunders, and I were called in consultation, the doctor asking us

in a note to come prepared to do an amputation of the leg. It being some distance in the country, it was five o'clock in the afternoon when we got there. Arrived at the bedside we found all the above symptoms, if possible, aggravated. Our diagnosis was compression of the brain as a result of the concussion received when his body struck the ground at the time of the other injuries. Acting on this belief, and considering the constitution of the man and his habit of body, it was thought that full and free venesection was indicated. He was therefore bled until a very desirable effect on the circulation was observed. Two-drop doses of tinct. of aconite were ordered every two hours. The urgency of the symptoms subsided in a few minutes, and by twelve o'clock P. M. he was partially conscious and able to swallow. I saw him at two o'clock the next evening, and dressed his leg with the plastic apparatus, carrying it above the knee. The patient steadily improved, and has two sound legs to-day, and is a well man in every way.

My object in reporting this case is to call attention to two facts; the speedy relief of all the distressing symptoms after venesection, and to the importance of a correct diagnosis. The physician in this case declared his intention of amputating if counsel had not arrived; and indeed his amputating instruments were sent for, so confident was he of tetanus as the trouble and amputation the remedy.

BONHAM, TEXAS.

IODOFORM IN CHANCRE.

BY C. A. BRYCE, M. D.

Every medical man recognizes the importance of speedily converting chancres and chancroids into healthy sores, and thus preventing destructive ulceration. In many instances this is easily accomplished with the usual caustics and mineral acids, but occasionally we meet intractable sores whose tendency *ab initio* is to destructive ulceration. The most powerful caustics (and I

have often used the acid nitrate mercury) seem to exert no influence in checking this condition. I have for the past two or three years used an agent which has generally acted well in such cases. It is iodoform locally used. A few examples will illustrate its application.

CASE I.—E. C. had two buboes and phymosis to such an extent that no portion of the glans penis could be seen. I operated upon him and found a chancre on the right side of the frænum (on the glans) extending almost to the edge of the meatus. I put him upon general treatment, and used nitrate of silver to the chancroid. It continued to spread, and I changed the applications from time to time until I feared the man would lose the entire head of the penis. At the suggestion of a friend I tried iodoform. It was dusted thickly on the deep ulcer. The next day I could not see that any more surface was destroyed. Re-applied the dressing of iodoform, and in the next twenty-four hours the whole surface was covered with healthy granulations.

CASE II.—W. W., colored, applied to me with syphilis. He had that peculiar chancre occasionally seen in the negro, the large multiple chancre, about over the body of the penis, perfectly circular with a very indurated base, and varying in size from a silver half-dime to a quarter. He had four or five of these chancres; one was on the glans penis. All were indolent and after a time commenced to spread and deepen. The chancres on the body of the penis had caused the destruction of the integument and subcutaneous cellular tissue, and gave out a most offensive odor. I filled them twice a day with iodoform. The change was wonderful. It stopped the phagedena at once, and in a few days the chancres were healthy granulating sores, bleeding readily on the removal of the lint or from any rough usage.

CASE III.—J. M. got a chancre on the cervix penis, about half way between the median line and the frænum. This chancre had eaten its way through into the urethra, and so great was the fistule that none of the

urine came by the natural channel, but was voided through this fistulous opening. I made a kind of urethral trocar for him by cutting off the end of a flexible catheter and running a bougie through it. This could be readily passed along the urethra until it had gotten beyond the fistulous opening, when the bougie was withdrawn and he was directed to urinate. By using a stout piece of gum elastic to press the walls of the urethra close against the catheter, every drop of urine was passed through the catheter, and the fistule escaped all trouble from that source. Still it showed no tendency to heal, and continued to enlarge. I finally used iodoform very freely on the surface of the ulcer, and in a week the fistule had filled up by granulation.

I will not consume time telling my views upon the action of this agent in this particular class of troubles, but will only say that it is the only agent that has *never disappointed* me in such cases.

RICHMOND, VA.

BICARBONATE-OF-SODA DRESSING FOR BURNS.

BY ELY M'CLELLAN, M. D.,
Major and Surgeon, United States Army.

The efficacy of bicarbonate-of-soda dressings in the treatment of burns has been strikingly illustrated in several recent cases under my care or within my knowledge; from them I select the following:

CASE I.—A half-breed Nez Perces child received a terrible scald of the first magnitude, involving the greater portion of the scalp, the right side of the face, the neck, shoulder, and arm of the same side. The wounded surface was covered with lint which had been soaked in a saturated solution of sodæ bicarbonatis, and was kept wet by constant applications of the same solution. The relief from pain was instantaneous. No slough occurred, and the child has recovered, saved from any cicatrical deformity.

CASE II.—Act. Ass't Surg. Pring, U.S.A., in medical charge of the troops at Mt. Idaho,

an outpost of this command, reports the following: The wife of an officer of the Second U. S. Infantry, who had accompanied her husband to the cantonments, from inability to obtain servants in that exposed locality, was herself engaged in preparing the early meal. Being inexperienced in such work, this lady poured water into a vessel containing boiling lard, and in the explosion which followed was severely scalded about the face and neck, involving the right eye. The bicarbonate-of-soda dressing was employed with the most decided benefit. The pain was instantly relieved, and no disfigurement resulted beyond the total loss of vision in the injured eye.

To secure successful results from this treatment it is necessary that the application be made of a saturated solution. A half pound of the bicarbonate should be added to a quart of water, and should be subjected to violent agitation. A sheet of patent lint of old linen sufficiently large to envelop the wounded surface should be thoroughly saturated with the solution, and the surface should be completely covered therewith; the dressing should never be permitted to become dry, but the solution should be freely and constantly used. No other dressing is necessary, but the lint first applied should not be disturbed for several days.

Our English brother's experience really has no bearing upon the case. We would respectfully recommend his trying it again.

FT. LAPWAI, IDAHO.

Miscellany.

NOTE ON THE USE OF THE CALOMEL VAPOR BATH.—Henry Lee, F. R. C. S., Surgeon to St. George's Hospital, London, in the *Lancet* of February 9th, says:

"In the American *Practitioner* for September, 1877, Dr. D. W. Yandell has given perhaps the fairest and most impartial account of the different modes of using mercurial fumigation that has yet been published. It is twenty-three years, Dr. Yandell remarks,

since he commenced the use of the mercurial vapor bath, and he has used it ever since. Other forms of mercurial treatment are also employed, but, where circumstances permit of it, he prefers that to any other.

"Dr. Yandell commenced his experiments with what he conceived to be Mr. Langston Parker's apparatus, with the gray oxide of mercury, but found that the degree of heat necessary to vaporize the powder a very serious objection. The bisulphuret was next tried, without benefit. The irritating fumes of the sulphur and the heat acted injuriously. It was then found that the so-called cinnabar that he used contained ninety per cent of lead to ten per cent of mercury. Unadulterated cinnabar was now used, mixed with the gray oxide, and the results obtained were more satisfactory than with either alone. Still the extreme heat necessary to vaporize the latter and the suffocating fumes of the former told heavily against their use. At length calomel was tried, and 'the mere mechanical troubles with the fumigations were now virtually at an end.'

"Dr. Yandell found, however, that his patients did not improve so rapidly as mine did in London, and asks, with much point, what the explanation can be? We both used the same apparatus, and the same quantity of calomel, and why should the same treatment cure quickly in London, and not cure quickly in Louisville? The solution of this question is not difficult, and for the benefit of others I wish to answer it publicly rather than in a private communication.

"The great majority of those at first treated were hospital cases, and, as Dr. Yandell says, the *London Lancet* of that day abounded in reports of such cases. He gives me the credit, which I also claim, of having reported the cases faithfully. The patients, often several in succession, were placed in a box in which the ten or fifteen grains of calomel were volatilized. The room in which the box was contained was small, and, looking back upon the rapid and almost uniform results obtained, I have no doubt whatever that the patients got

the benefit of some of the calomel that was left in the box, and perhaps in the room, in addition to the ten or fifteen grains that was devoted to their individual use. In private practice I generally directed patients to use the same cloak night after night, and to sleep in it,* and thus the calomel vaporized one night was again to some extent utilized the next.

"Dr. Yandell found that in order to produce the desired effect he had often to use one scruple, half a drachm, or a drachm of calomel for each bath. Where patients like to have a clean cloak for their baths, and wash the calomel off by means of baths, I have, as he suggests, found the same thing, so that substantially his experience and my own coincide.† It may be well here to mention that I now use calomel that has been previously resublimed two or three times. Ordinary calomel is less affected by heat or moisture than any other preparation of mercury, but still it does contain a certain amount of hydrochloric acid, the presence of which may be indicated by a piece of moist litmus-paper held in the fumes as they arise. This free hydrochloric acid is driven off in a great measure by sublimation, and the pure calomel thus prepared is less irritating than the ordinary calomel of commerce. It should also be observed that the water I originally used was principally for the purpose of preventing irritation from any fumes that might be generated during the action of the baths, and I find that an ounce on each occasion is quite sufficient. If more water be employed more heat is necessarily required in order to boil it. The vapor of the water is in part deposited on the patient's skin; this must in some way be removed before he is comfortable, and some of the calomel is necessarily removed with it. Dr. Yandell uses a pint of water in the apparatus which he has depicted, and the patient has thus a combined vapor and calomel bath. This, no doubt, may be very useful

*The cloak usually employed is called moleskin, and makes a very comfortable night-dress.

† Half a drachm of calomel is the quantity which practically I now recommend to be used for each bath.

where such a combination is intended, but the effect is often very different from that produced by the calomel bath alone; a much greater amount of perspiration is induced, and this the patient, when the bath is repeated night after night, can not bear. The perspiration also tends to remove the calomel from the skin.

"Dr. L. P. Yandell, jr., is of opinion that brisk friction after the sweat, made with the coarsest towel, and until the skin is all of a glow, actually promotes the action of mercury, and conduces to its more rapid absorption. This no doubt may be the case, but it involves a different principle. The calomel is rubbed into the skin in a similar way as the mercurial ointment was in olden times."

PROGNOSIS IN CONSUMPTION.—Soon after Laennec introduced the accurate mode of discriminating lung-disease by auscultation the stethoscopists went about defining a man's danger by a ready but fallacious method, and many a patient was condemned as in the last stage of consumption when he had only a cavity in his lung. On searching all the books of this school I could never find a single indication as to the probable danger or safety or ultimate progress of any form of phthisis; and yet persons die in all the stages of consumption, and outlive them all! How is this? you will ask. And I now propose to try and answer the question, and to give you wider views and broader than any mere auscultator would offer. In fact, our question is not to be answered by the stethoscope, any more than the state of the kidney is to be decided on by nitric acid and a test-tube. Precision in physical diagnosis is a great and essential part of our knowledge, but the stethoscope can not answer our question. You must take the physical signs and the history of the case together in order to arrive at a just conclusion; and even then precision is not attainable, for you must allow for the accidents or occasional incidents of phthisis, which may step in and overthrow all your calculations. When you see a case where the physical signs tell

you there is disease in the lung, you want to know what is to be the issue; what the form which subsequent symptoms are likely to assume; and, if possible, why the issue and form are in a certain direction. This is the rational mode of viewing disease; and as it is that which the public most commonly puts to us, and on which most largely depends our reputation and success in practice, you will do well to avail yourselves of all possible knowledge on the subject.

There are, then, certain agents which modify the form and progress of phthisis, and render it in fact a disease of many varieties. Remembering that we shall always consider our case as a whole—that is, that we shall judge it by its history and antecedents, its actual effects on the system, and its physical results in the lung—I shall first point out to you what these modifying agents are, and then show you the different forms of disease in living persons, and analyze the cases as we proceed.

Prognosis in consumption is founded on three kinds of facts: 1. The pathological form of disease to which the case belongs; 2. The actual condition of the patient; 3. Influences affecting all cases of phthisis. It is, therefore, a forecast derived from the present phenomena, the past history, and a knowledge of the agents which modify phthisis in its course and issue. Such a forecast should always be present to you, but need not always be offered to the patient or his friends; and I shall have occasion to point out to you the periods of disease when doubts as to the result must and should prevail, and when no opinion can either be formed with precision, nor, of course, advanced with certainty. There is a golden period of silence when we can but say, "Wait!" The acutest symptoms may become chronic, and the urgency of to-day may be followed, as phthisis is in general followed, by a period of subsidence and pause when nature attempts repair. Neither in the period of repair are we to forget the probability of fresh centers of affection leading to extended disease, nor

of the accidents, so to speak, as hemorrhage, congestions, and pneumothorax, which are possible to all our cases. In phthisis I should say that he is wisest who, with a sage knowledge of his patient's actual state and possible dangers, regards the future with less apprehension than hope, and remembers how rare are the more acute and how common the prolonged forms of the disease.—*Dr. Pollock, in the Med. Times and Gazette.*

MR. LISTER MAKES THE AMENDE.—In a clinical lecture at King's College, given in December, and reported in the Lancet, Mr. Lister thus explains his former ugly words concerning the London surgeons:

"I may take this opportunity of expressing my sincere regret that certain expressions which I employed before I left Edinburgh should have seemed capable of interpretation as casting the remotest possible slur on the surgeons of this metropolis. Nothing, certainly, was further from my intention. I did, indeed, while speaking under circumstances peculiarly difficult and embarrassing, allow an expression to escape my lips which I should not have uttered under any circumstances had I supposed that my remarks were likely to be published; and I am truly sorry for the needless offense which I have thus given. For the leading surgeons of London no one, I venture to say, entertains higher respect than myself. I referred not to the London teachers, but to the system on which clinical surgical lectures were given in London, which so far as my knowledge extended seemed to me essentially inferior to that in use in Edinburgh; partly because they were not demonstrative, and partly because, being given at rarer intervals and in conjunction with one or more colleagues, they could not from the nature of things approach to the characters of a complete course.

"Not that I wish to underrate such clinical lectures in London as I refer to. In proportion to the ability and experience of the lecturer such discourses have their high value; but referring, as they do, to cases

which are not present before the student, and which many of the audience may perhaps never have seen at all, they might often, except for the effects of voice and manner, be as well read as attended. Such lectures are in reality far more ambitious and involve greater talent and literary effort than ours, which are comparatively humble performances, standing much in the same relation to a course of systematic surgery as anatomical demonstrations to lectures on anatomy; but, simple as they are, they fill a place in the medical curriculum which, I believe, is second in importance to no other, and which can not be filled adequately either by clinical lectures otherwise conducted or by bedside-teaching or tutorial instruction."

NITRITE OF AMYL IN AGUE.—Dr. Saunders, in the *Lancet* of February 2d, says:

"I will cite three picked cases from my note-book for those of your readers who may have the chance of giving it a trial.

"*Case 1.* Gunner D. S., R. H. A., suffered much from intermittent fever. Nitrite of amyl administered on lint by inhalation during cold stage. Sweating stage fully developed in seven minutes; severe headache and purging, which disappeared without further treatment.

"*Case 2.* Mr. T. C. Nitrite of amyl, two minimis, administered during the cold stage. Sweating profusely in less than seven minutes. He lay down for half an hour until this was over, and then walked home well. He took a dose of quinine, five grains, the next morning, and had but one slight attack of feverishness since. Previous to this he had ague every day for about a month, during which time he was under the usual treatment, and had taken large quantities of quinine, half a drachm to one drachm doses, without benefit.

"*Case 3.* Mr. C. Nitrite of amyl inhaled at beginning of hot stage. Sweating profusely in about seven minutes; temperature reduced from 105° to normal in less than twenty minutes. No relapse.

"In one case, where, to my personal knowl-

edge, the man had been suffering for some days from ague, nitrite of amyl, administered during the cold stage, removed the paroxysm altogether without a hot stage. There was no relapse.

"I think it may be fairly argued from such cases that nitrite of amyl not only cuts short an attack, but also checks the recurrence of the paroxysms. By this means you can break through the habit that the system acquires of repeating the attack, on exposure to the slightest chill, when once the disease has been established. I trust that theoretical objections, unbacked by experience of tropical intermittents, may not prejudice the minds of those who have an opportunity of putting it to the test. I have succeeded, and others I have persuaded to try the drug have also been successful; and I think none of my patients who have had it administered to them would be content with the old form of treatment."

HEADS AND HATS.—A scientific inquiry lately made by Dr. Delaunay among the hatters of Paris offers some curious results. Accepting it as true that the capacity of the cranium and development of the brain are proportional to the external volume of the head, also that the intelligence is proportional to the volume and weight of the brain, he shows, *inter alia*, that certain families develop like individuals, that is, they have a period of growth, then a stationary period, then a period of decrease, previous to extinction. In families in the first period the head enlarges from generation to generation. The citizens who wrought the revolution of 1789 had bigger heads than their fathers. Upon the other hand, in families that are nearing extinction the head grows smaller. The sons of the present ruling families in France have such small heads, according to the author, that they require hats specially made for them. Among certain families newly risen from the common people the head increases from generation to generation. The wide-brimmed hats—bolivars—worn by the Republicans from 1830 to 1848

were very capacious. The quarter in which are the largest heads in Paris is that of the schools. . The hatters of the Faubourg St. Germain say they only fit fine heads. The Polytechnicians have larger heads than the St. Cyrians, and the students of the normal school larger than those of St. Sulpice, etc. The members of the clergy present a peculiar feature in these statistics. "In general," says M. Delaunay, "men from thirty to forty years of age have larger heads than those from twenty to thirty. *Not so with ecclesiastics, for their heads cease to grow at about twenty-five.* The curés, bishops, archbishops, etc., have no larger heads than the students of the large seminaries."

COOKING.—The town of Ipswich is taking a step in the right direction by encouraging the art of cooking. Mr. Buckmaster gave a lecture on the subject recently, on which occasion the mayor presided, and there was a very full attendance. Nothing, probably, has more direct influence over our physical and moral well-being than the preparation of the food we eat, and it is not too much to suppose that a proper knowledge of the culinary art would, if tolerably wide-spread, do not a little to diminish crime and drunkenness. Now that ladies are to be admitted without let or hindrance to all the degrees of the University of London, we hope the senate will see fit to add "cooking" to the list of subjects for the B. Sc. Science in the kitchen has long been a desideratum, and cooking has not hitherto been regarded really as a branch of chemistry, and, as such, an ennobling occupation. The English of all classes have every thing to learn on this subject, and even the very best of our cooks seem to go right rather by intuitive talent than by any exact knowledge which they may possess. In the cookery-book of the future, however, we may hope to see milligrammes, cubic centimetres, and degrees of Celsius replace the less exact measurements to which cooks have been accustomed, and then, perhaps, success in cooking will become a certainty.—*Lancet.*

REJECTIONS AT THE ROYAL COLLEGE OF SURGEONS.—During the late examinations at the Royal College of Surgeons, of the one hundred and ten candidates examined, forty-four having failed to acquit themselves to the satisfaction of the board of examiners, were referred to their anatomical and physiological studies for three months. The proportion of rejections is lamentably high, and at first sight is strongly suggestive of grave inefficiency of teaching-power. But the fact that nearly fifty per cent of the candidates had been rejected before, some of them several times, seems to point pretty clearly to a different cause for such numerous failures—to a cause inherent in the candidates themselves, and not to defects in the system of education. Does it not seem clear that a considerable number of these gentlemen have mistaken their vocation, and that even should they—after three, four, or five failures—succeed in getting qualified, they never can hope to succeed in practice? It would surely be a great kindness to follow up, in some at least of these cases, a suggestion of the General Medical Council, and hint to candidates that they had better seek some other path in life. Mercy like this would be twice blessed; the mistaken candidates for a medical career would be saved perhaps from wasting their lives, and the profession would be relieved of a "residuum"—a deadweight of inefficient practitioners.—*Med. Times and Gazette.*

THE SEARCH AFTER THE IDEAL.—One of our contemporaries has described drunkenness as the search after the ideal. Accepting this definition, the recent period seems to have been productive of a marvelous amount of imaginative work, if we may judge by the number of persons who have appeared before our metropolitan magistrates in order to explain the cause of their unusual, not to say untimely, mental industry.

THE December medical journals continue to arrive.

THE examinations in the various medical schools of the country are about over, and many a youthful heart divided between hope and fear is at rest or in despair. Now, too, is the muse sore pressed for valedictory addresses, and much science and sentiment is being re-warmed for the approaching commencement. Will they be truthful? Nay, the fates which preside over medical schools are too kind and too polite for that. "Go forth and conquer" will be the text of all. None will dare to say, "Make the best of a bad bargain, and quit now and here."

SODIUM BICARBONATE AS A REMEDY FOR BURNS.—A friend of mine, an English chemist, laughs at the idea of bicarbonate of sodium being a new treatment for burns. He says that in England, twelve years ago, it was known to all the working chemists. When in the laboratory, if he was burned by any mixture, he would run to the soda-drawer, grasp a handful, and plunge his hands into water, getting instantaneous relief.—*E. A. Carpenter, of Plattsburg, N. Y., in New Remedies.*

THE Glasgow News states that the praiseworthy efforts of Dr. Russell and his assistants to discover the source from whence the typhoid epidemic sprung have happily been attended with success. It is now known that the disease has for some time existed at a dairy-farm at Stonehouse, from whence the suspected dairies at Hillhead have been supplied. The further export of contaminated milk was promptly stopped.—*Medical Times and Gazette.*

THE commencements in the various medical schools of Louisville took place during the past week, too late for an account to appear in this issue. About one hundred and sixty graduates were turned out.

M. BOUROTT, of Paris, contends, in opposition to the commonly-accepted opinion, that carbuncle of the face and lips is nearly always cured.

On the 19th of last month the committee on military affairs in the United States Senate concurred in the bill for the relief of ex-Surgeon-general Hammond. It will be remembered that he was tried by court-martial during the war, and dismissed from his office. The bill provides for a review of the findings of the court, and it is confidently expected by the friends of Dr. Hammond that these will be set aside, and that he will be restored to his rank and pay.

TREES IN TOWNS.—It would appear that in some of the large English towns persistent efforts are being made to plant trees in the streets wherever practicable. The movement is highly sound and commendable, and should be encouraged in every possible manner. The hygienic value of trees in towns must, without doubt, be great. Considerable care should be exercised in the process of planting; the old soil should be removed, and fresh soil brought from the country for the reception of the young trees.

A PHYSICIAN in Cambridge, Mass., was arrested lately for manslaughter, it having been alleged against him that a woman died in childbed from his neglect—he having abandoned the case after taking charge.

TRUE to the prophecy of the Ohio Medical Clinic, a school of medicine has been established at Toledo, Ohio, upon the heels of the medical journal which was started there last year. As the school is only to be a preparatory one, and the teachers in it are to assume the title of lecturer only, we hope that our extraordinarily watchful and highly prophetic contemporary will be seized with but a mild spasm over the event.

INCREASE OF INSANITY AND IDIOCY.—It is a matter for grave reflection to find that the Metropolitan Asylums Board are of the opinion that imbecility, idiocy, and insanity are largely on the increase in the metropolis.—*Med. Times and Gazette.*

Selections.

The Use of Capsicum with Quinia.—It is not generally known that either capsicum, ginger, or other aromatics, combined with quinia, will make the patient more tolerant of large doses of this medicine, and obviate some of the disagreeable head-symptoms apt to arise from its administration. Moreover, as Prof. Wm. H. Thompson has remarked, "a good dose of capsicum combined with twenty grains of quinine will act as well as thirty grains of quinine without the capsicum. Spices in general stimulate the portal circulation and promote the flow of bile, and hence their universal use in hot climates. There is a tendency on the part of quinine and capsicum to purge, and sometimes to purge violently. In such cases the purgative action is caused by the increased flow of bile produced by the capsicum. Ginger and quinine when combined do not purge, and it makes a very good combination. The proportions should be one grain of capsicum to three of quinine; with ginger, one grain of each." In malarious climates capsicum should, if possible, be preferred, as it is in itself a good stimulant, and possesses antiperiodic properties. For years we have been in the habit of prescribing a little tincture of capsicum in an ordinary quinine-mixture, with the view of preventing any slight giddiness or headache that might otherwise arise from its administration.—*Med. Press and Circular.*

A Severe Epidemic of Measles.—The German Sanitary Office, in its second report for 1878, gives details of an epidemic of measles of unusual severity and extent, which prevailed in the district of Culm, a town in West Prussia, from April to the end of July, 1877. Out of the 55,500 inhabitants of the district, 4,587 were attacked, 4,098 recovered, 305 died, and the final result is unknown in 246. The country population of the district is in round numbers 42,000, and of those 4,400 fell ill, and 253 died. The population of the towns is estimated at 13,500 inhabitants, and of these 143 had measles, and 52 died. The town of Culm itself was by far the worst sufferer of any of the towns, for with a population of 9,600 it had 138 cases and 52 deaths—i. e. the whole of the deaths in the town district fell to its share. This excessively high mortality can only partly be explained by the elevated position of Culm, and by the width and the straightness of its streets, which give ready access to currents of air, and so facilitate catching cold, especially at a time when any predisposition to disease of the respiratory organs is increased by the recent attack of measles. The greater number of the fatal cases were due to pleurisy and bronchitis, and there is no doubt that many of the

deaths were caused by the patients being sent out of doors much too early.—*Extract from Medical Times and Gazette.*

Digitalis as a Diuretic.—M. Hérard, during a discussion at the Société de Thérapeutique, stated that he administered digitalis after maceration, this being by far the best mode. He macerates twenty-five centigrammes of coarsely-powdered leaves in two hundred grammes of cold water, for twelve hours, and carefully strains. This is given in five or six doses, at distance from meals; is usually very well tolerated, producing no nausea or gastralgia, and can be continued for five or six days or longer. This twenty-five grammes should rarely be exceeded, as experience has taught him, having formerly employed much larger quantities. Given in this way the effects are often marvelous, a powerful diuresis ensuing, during which from six to ten litres of urine may be passed in the twenty-four hours, the patients being resuscitated, as it were, into a comparatively good condition. M. Bucquoy said that he preferred M. Hérard's old dose of seventy-five centigrammes, suspending the medicine at the end of four days; but M. Moutard-Martin has, like M. Hérard, diminished the doses he formerly prescribed.—*Jour. de Thérap.*

Nitrite of Amyl.—We take the following from an account of the work of Dr. Jvan Ermesagen on Nitrite of Amyl, in the Rivista Clinica di Bologna: "The author divides into four classes the diseases in which the nitrite of amyl may be used: 1. Syncope, coma characterized by weakness of cardiac innervation, anæmia, and the venous congestion of the cerebro-spinal centers; 2. Diseases characterized by vascular spasm; 3. Spasmodic affections of voluntary and involuntary muscles, diseases characterized by extreme elevation of temperature. The nitrite of amyl is chiefly administered by inhalation. Three drops on a handkerchief will avert threatening syncope from chloroform. In sea-sickness it will succeed heroically, according to the observation of Dr. Clapham (a hundred per cent). In hemicrania two drops will suffice to cure; but it is especially in angina pectoris and in asthma that the best results are obtained. But its employment is contraindicated in old people, or in those presenting any vascular or cardiac lesion. It is also contraindicated in cardiac plethora. Its use at all times demands much circumspection."—*Canada Jour. of Med. Science.*

Rheumatic Pericarditis.—In the January number of the Medical News and Library is reported a severe case of acute rheumatism, complicated by pericarditis and broncho-pneumonia, relieved at once, when the patient was apparently dying, by salicylate of soda, after failure of a fair trial of the alkaline treatment.

Alcohol and Revenue.—At the annual meeting of the United Kingdom Alliance, Dr. Richardson, who presided, said that if alcohol were removed from the country the revenue would soon be higher than before. No education in temperance principles would be useful till government took up the subject, and when government did not see the necessity of removing temptation the voice of the people would instruct it. Mr. Benjamin Whitworth, M. P., said he knew of nobody who required a temperance society more than the House of Commons, for out of six hundred and fifty-eight members he believed there were only about eight total abstainers.—*Med. Ex.*

A New Living Double Monster.—In the Wiener Med. Wochenschrift for December 8, Prof. Heschl furnishes the description of an examination he has made at Vienna, of a living girl, seventeen years of age, who exhibits an example of a still rarer form of monstrosity than the Siamese Twins or the Two-headed Nightingale, inasmuch as in her case the formation, in place of the upper part of the body being double as in their cases, consists in a doubling of it only below the second lumbar vertebra, the upper portion resembling that of a pleasing delicate girl of from ten to twelve years of age. The case is a specimen of Förster's *Dipygus tetrapus*.

On the Diuretic Action of Blatta Orientalis (Cockroach) in Scarlatinal Nephritis.—S. Unterberger (Petersburg Wochenschrift, 1877, No. 34) has tried, in the Nicolai Children's Hospital at St. Petersburg, the blatta orientalis, recommended by Bogomolow as a remedy for dropsy. It was given to children suffering from scarlatinal nephritis, in doses of about two and three quarters to four and a half grains three times daily. The œdema diminished, the weight of the body was decreased, the urine was increased in quantity and contained less albumen, while the kidneys and bowels were not injuriously affected.

Cure of Epilepsy.—In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minimis of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years he obtained a complete cure after eight or ten injections.—*Canada Jour. of Med. Science.*

In pruritus vulvæ, a local application and vaginal douche of a solution of nitrate of aluminium, in the proportion of one to five or seven of distilled water, has been found efficacious.—*Med. Ex.*

Albuminuria of Nervous Origin.—M. Tessier, of Lyon, thinks that albuminuria is more often of nervous origin than is generally supposed. There are indeed many facts to show that nervous phenomena frequently precede the albuminuria, and that they may be considered to have some causal connection with the disease, receives some confirmation from the experiments of Claude Bernard respecting the production of albuminuria by lesions of the fourth ventricle.—*Med. Press and Circular.*

Arsenic!—A German chemist has found arsenic in vulcanite supposed to be an impurity in the sulphur used for vulcanizing caoutchouc. May not this unsuspected enemy be a cause of some of the sore mouths, the result of wearing these rubber plates? The chemist rarely finds any thing save the thing he is looking for; and as the efforts have all been in the direction of search after free mercury, etc., would it not be well to investigate the arsenic question?—*Ex.*

Death of the Discoverer of Fetal Auscultation.—The Count de Kergaredec, the first to apply auscultation to the detection of the fetal heart in pregnancy, died lately in Paris at an advanced age. His son, in announcing his death to the French Academy, said: "Among his children who stood around his death-bed was that beloved daughter the beating of whose heart her father heard whilst she was still in her mother's womb."

The best test of vinegar is the presence of vinegar-eels. These eels resemble trichina; but the latter is rounded at both ends, while the former has a sharp-pointed tail.—*Drug. and Chem.*

Dr. Parvin knows no single agent used in the local treatment of uterine disorders so efficacious as Churchill's tincture of iodine, according to the following formula:

R Iodinii puri.....	3 ijss;
Potass. iod..	3 ss;
Sp. rectif.....	3 xij;
Alcohol....	3 iv. Solv.

Iodoform in Fissure of Anus.—M. Tarnier recommends (Union Med., Dec. 27th) the spreading of a small quantity of the powder of iodoform over the surface of a cotton plug, and bringing this in direct contact with the fissure. Four or five dressings suffice in some cases to produce a cure.—*Med. Times and Gazette.*

In cases of great sexual excitation, with tendency to hypochondria, etc., Prof. Sée recommends digitalis and iodide of potassium.—*Med. Ex.*